

Under the Paper Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

O I P E
JUN 14 2004
U.S. PATENT & TRADEMARK OFFICE
FILING SECTION 65

		Application Number	10/763,869
		Filing Date	02/04/2004
		First Named Inventor	Fisher et al.
		Group Art Unit	2651
		Examiner Name	
Total Number of Pages in This Submission	3	Attorney Docket Number	Sony-05800

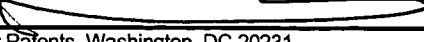
ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group
<input type="checkbox"/> Fee Attached	<input checked="" type="checkbox"/> Drawing(s) 1 Sheet (Figure 8)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Amendment / Response	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> To Convert a Provisional Application	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below):
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Notice to File Corrected Application Papers
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Postcard
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Request of Refund	
<input type="checkbox"/> Response to File Corrected Papers	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	The Commissioner is hereby authorized to charge any additional fees associated with this communication or credit overpayment to Deposit Account No: 50-1963. A duplicate copy of this authorization is enclosed.	

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	Richard H. Butler
Signature	
Date	6/7/04

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: PO Box 1450, Alexandria, VA 22313 on this date:		6/7/04
Type or printed name	Richard H. Butler	
Signature		Date

SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.